

# Division of Support Enforcement & Recovery (DSER)

## Application for Services and Contract

### What You Need to Provide to Complete an Application for Services:

The application for services **must be filled out**. Please answer all questions as best you can. Some information is necessary before we can open a case for you. These questions are in boldface. Documents that **must** accompany an application:

- Certified birth certificate for each child (*No photocopies or hospital records*),
- Two attested copies of your court order/s if you have order/s. *Please provide the complete order that was issued when support was ordered.*
- If the parent absent from your home *owes a child support debt*, please complete the Child Support Payment Affidavit attached to your application package.

When your application is complete, DSER's Central Office will create a case.

You are the best source of facts about your family. The more information we have from all sources will enable us to do a better job for you. If you do not send us the required documents we will not be able to open a case. The packet will be returned to you and no action will be taken until we receive those documents.

An Electronic Funds Transfer (EFT) application is enclosed. This way of sending money to you is recommended, but voluntary. This will allow us to send payments quickly and easily to your bank account.

### What Happens When A Child Support Case is Opened or Re-opened?

Before a new or reopened case can be sent to the field office where the actual support enforcement work is done, DSER's Central Office must create or amend the computer files for the case and obtain verifications of information that you provide. If an application is complete, your case could be in a field office in days. If you have little or no information about the other parent, it could take longer (*The case cannot be sent to a field office until DSER can establish where the non-custodial parent lives or works.*)

When your case goes to a field office it is assigned to an agent who will manage the case.

### Services DSER can help provide:

- Locating the non-custodial parent
- Establishing paternity for children born out of wedlock including arranging genetic testing for both parents and child.
- Establishing child support orders for current and past support; also including medical support/insurance and childcare.
- Enforcing child support, spousal support, medical support/insurance, and child care obligations. DSER will determine the best method for enforcing a case.
- Recording and distributing child support payments.
- Reviewing and taking necessary steps to modify child support orders when circumstances change. The speed of this service is subject to the availability of resources.

## Services DSER cannot provide:

- Giving legal advice.
- Getting divorce [judgments](#) or [spousal support](#) orders.
- Enforcing visitation rights or getting involved in custody matters.
- Enforcing property settlements.
- Services if you are a child seeking child support from your parent. Your guardian or custodian, however, may seek assistance from DSER.
- Cannot provide legal representation to you or the non-custodial parent. When an attorney is assigned to a case, the attorney's client is DHHS not you or the other parent.
- DSER does not charge interest on child support debts.
- Cannot establish orders for tuition or enforce orders for tuition.

The Division of Support Enforcement & Recovery will decide which actions will be taken to achieve success for you. We cannot guarantee success, but we will give our best effort given our resources. When you sign the application, one thing you are doing is telling us you understand this.

## Distribution of child support collections in non-TANF cases:

- Non-TANF collections normally are processed within two days of when payment is received by DHHS.
- If the other parent is ordered to pay support for more than one family, collections are divided among the families.
- If you are owed past support, you will be paid first, unless there is a debt owed DHHS and the money is from a federal income tax refund intercept.
- Collections from federal income tax refunds may not be distributed for up to 6 months in the case of joint returns. A portion of the refund may belong to the unobligated spouse.
- To find out how much child support is collected from week-to-week, call 1-800-371-7179.

## When services end:

If at any time you no longer want the Division's services, tell us this in a letter. If the Division wants to end services, we will tell you in writing and explain why. We will give you a chance to respond before ending services. Some of the reasons for ending services are:

- The [obligor](#) no longer owes [child support](#).
- You or your representative will not cooperate with us.
- We cannot send you payments because we do not have your current address.

Important: Please read carefully all the information supplied, and return the application with all required documentation.

If you have any questions, please call 287-2886 and ask for the case initiation contact person.

## APPLICANT INFORMATION

1. Your Name \_\_\_\_\_
2. Social Security Number \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_
4. Mailing Address \_\_\_\_\_
5. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. Telephone #: \_\_\_\_\_
7. Employer Name \_\_\_\_\_
8. Employer Address \_\_\_\_\_
9. Has the other parent lived with you in Maine? \_\_\_\_\_
10. Date separated from other parent \_\_\_\_\_
11. Have you ever been the victim of domestic violence committed by the other parent?
12. Have the children for whom you are seeking support ever been the victims of domestic violence committed by the other parent?
13. Have you ever obtained a restraining order against the other parent? (If yes attach copy of order).
14. Do you currently employ an attorney or private agency for the collection of child support? (If yes provide name and address)  
\_\_\_\_\_

## CHILD(REN) INFORMATION

1. Child's Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Your Relationship to the Child \_\_\_\_\_  
Child Conceived in Maine? ☐ Yes ☐ No Paternity Established? ☐ Yes ☐ No  
Child Born from Marriage? ☐ Yes ☐ No
2. Child's Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
Place of Birth \_\_\_\_\_

Your Relationship to the Child \_\_\_\_\_

Child Conceived in Maine? ☐ Yes ☐ No Paternity Established? ☐ Yes ☐ No

Child Born from Marriage? ☐ Yes ☐ No

3. Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Place of Birth \_\_\_\_\_

Your Relationship to the Child \_\_\_\_\_

Child Conceived in Maine? ☐ Yes ☐ No Paternity Established? ☐ Yes ☐ No

Child Born from Marriage? ☐ Yes ☐ No

4. Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Place of Birth \_\_\_\_\_

Your Relationship to the Child \_\_\_\_\_

Child Conceived in Maine? ☐ Yes ☐ No Paternity Established? ☐ Yes ☐ No

Child Born from Marriage? ☐ Yes ☐ No

5. Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Place of Birth \_\_\_\_\_

Your Relationship to the Child \_\_\_\_\_

Child Conceived in Maine? ☐ Yes ☐ No Paternity Established? ☐ Yes ☐ No

Child Born from Marriage? ☐ Yes ☐ No

6. Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Place of Birth \_\_\_\_\_

Your Relationship to the Child \_\_\_\_\_

Child Conceived in Maine? [ ] Yes [ ] No Paternity Established? [ ] Yes [ ] No  
Child Born from Marriage? [ ] Yes [ ] No

**IF YOU ARE THE MOTHER OF THE CHILDREN:**

From the time you became pregnant until the birth of your child, were you married to someone other than the person you named above as the parent? [ ] Yes [ ] No If yes, what was the date of the marriage.

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Known Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**INFORMATION ABOUT THE OTHER PARENT**

1. Other Parents Name \_\_\_\_\_

2. Social Security No. \_\_\_\_\_

3. Place of Birth \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

5. Fathers Full Name \_\_\_\_\_

6. Mothers Maiden Name \_\_\_\_\_

7. Mailing Address \_\_\_\_\_

8. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. Telephone #: \_\_\_\_\_

10. Employer Name \_\_\_\_\_

11. Employer Address \_\_\_\_\_

12. What is the other parent's usual occupation/trade? \_\_\_\_\_

13. Does the other parent have any professional or trade licenses? (*Please list*)  
\_\_\_\_\_

14. Does the other parent own any property? (e.g. houses, land, buildings) or bank accounts? (*Please list property and location*)  
\_\_\_\_\_  
\_\_\_\_\_

15. Has the other parent ever been a member of the US military? \_\_\_\_\_

HEALTH INSURANCE INFORMATION:

Health Insurance Ordered?    ☐ Yes ☐ No

Is insurance currently being provided as ordered?    ☐ Yes ☐ No

If yes Insurer's Name \_\_\_\_\_

Type of coverage \_\_\_\_\_

Effective Date \_\_\_\_\_ Policy # \_\_\_\_\_

If yes, please include a copy of your health insurance coverage card.

SUPPORT ORDER INFORMATION:

Has there ever been an order for support with the other parent?    ☐ Yes ☐ No

If yes include an attested copy of each order with this application.

Type of Order (*Check all that apply*)    Court ☐ Administrative ☐ Probate ☐

Has the other parent missed any payments?    ☐ Yes ☐ No

If yes and you are requesting enforcement of past due support you must also complete and sign the attached Maine Child Support Payment Affidavit.

# MAINE CHILD SUPPORT PAYMENT AFFIDAVIT

YEAR _____	AMOUNT
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

YEAR _____	AMOUNT
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

YEAR _____	AMOUNT
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

YEAR _____	AMOUNT
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

YEAR _____	AMOUNT
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

YEAR _____	AMOUNT
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

I affirm the above record of payments is true to the best of my knowledge.

Signature:

Date:



State of Maine

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT SERVICES**

(You must send a deposit slip or voided check to verify account numbers.)

Please **print in ink** or **type** all requested information

TO: ATTN: Debra Danforth, Direct Deposit Technician  
Department of Health and Human Services  
#11 SHS 268 Whitten Road  
Augusta, ME 04333-0011  
Phone # 207-287-2886 Fax # 207-287-2334

TDD # 207-287-6948

**Benefit to be deposited:**  
(Please check all that apply)

TANF \_\_\_\_\_  
Child Support \_\_\_\_\_  
State Supp \_\_\_\_\_  
Other \_\_\_\_\_

**You are hereby authorized to electronically transfer payments to the following:**

Name of Financial Institution (Bank or Credit Union)		Transit/ABA/Routing Number		
Type of Account:	_____ Checking	_____ Savings – Statement Accounts only		
Branch Address	City	State	Zip Code	Bank Phone #
Name of Account Owner (Depositor)		Account Number		

For deposit to my/our account and I/we authorize the Agency to initiate credit and debit entries (to make corrections) to my/our account at the above named financial institution. Each deposit so made (after any necessary corrections) will be full payment of the amount then due and payable to me/us. I agree to notify the agency's offices immediately upon discovery of any errors resulting from transactions under this authorization and to notify the Agency's offices of any changes that may affect these instructions or the Agency's ability to rely upon them. This authorization may be canceled by me/us at any time by so notifying the Agency in writing. In authorizing the above services to be provided to me/us, I/we agree to hold the Agency and the State of Maine harmless from any and all loss, cost, damage or expenses I may suffer as the result of errors in deposits, credit entries or debit entries caused by persons who are not employees of the Agency or the State of Maine.

Signature of Depositor (Benefit Recipient) or Authorized Agent (Guardian, Power of Attorney, etc.)	Date	Social Security Number of Benefit Recipient
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Recipient's Telephone #: \_\_\_\_\_

Depositors:	Address	City	State	Zip Code
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-Contact Person: Name:

Title of Authorized Agent  
(Guardian, Power of Attorney, etc.)

Phone: \_\_\_\_\_

**Always notify us in writing of any change in your name, address, bank account, etc.**



## AUTHORIZATION AGREEMENT

### Instructions

**Benefit to be Deposited:**

Please indicate which benefits you intend to have deposited. Some benefits may be handled by other units and we need to know where to forward the Direct Deposit information.

**Name of Financial Institution:**

Name of bank or credit union where money will be direct deposited (Key, Fleet, etc.).

**Transit/ ABA Number:**

Usually found in the lower left corner of the voided check. Or you can call your bank.

**Type of Account:**

Please indicate check OR savings – NOT BOTH! Direct Deposit can go to either type of account but **cannot** go to a C.D. (Certificate of Deposit). Also payments can not be deposited to your credit card. If you have ePassbook Savings account, please see your bank to verify whether they will allow debit entries to that account – or whether you need to change to a statement account.

**Financial Institution Address and Telephone Number:**

Local bank office where business is usually conducted.

**Name of Account Owner:**

This is the name on the account to which the check will be credited.  
If joint, both names should be identified.

**Account Number:**

Account to which the money will be deposited.

**Signature of Depositor or Authorized Agent:**

Signature of the person who owns the account (the recipient of benefits) or the person authorized to act for the client: legal guardian, conservator, parent of a minor child, or representative payee.

**This should NOT be a bank employee.**

**Recipient's Telephone #:**

Telephone where you can be reached for questions about your form, or where we can leave a message for you.

**Address:**

Mailing address of the client or the Authorized Agent (if there is one). This is the address where you want checks to be mailed if the Direct Deposit fails for any reason.

**Title of Authorized Agent:**

Power of Attorney, legal guardian, representative payee, parent. This is only required if you are filling out the form for someone else. If you are filling out the form for yourself, leave it blank.

**Contact Person:**

Name and telephone number of person to contact, other than the client, if the bank does not accept the Direct Deposit for any reason. **This should NOT be a bank employee.**

## Contract for Non-Welfare Support Enforcement Services

Your Full Name (*Print*): \_\_\_\_\_ SSN: \_\_\_\_\_

Other Parent's Full Name (*Print*): \_\_\_\_\_

The Department of Health and Human Services (DHHS) will provide child support enforcement services for any child, as required by law. If you want services, fill in the Application form, sign 2 copies of this Contract, and give the completed forms to DHHS.

Right now, there is no cost to you for the Department's services. If this changes, you will be told in writing ahead of time. At that time, you can decide if you still want the Department's services.

This Contract is part of the Application. Read the Application and Contract with care. If you sign the Contract, it means you agree with all its terms.

### Contract

1. The Department may act for me as needed to provide the services covered by this Contract. The Department can endorse all drafts, checks or money orders for support it receives from the other parent.
2. I understand this Contract does not create an attorney-client relationship between the Department and myself.
3. I agree all support payments will be paid through the Department so a record is kept. If I get support payments from the other parent, I will send them to the Department. I will do this as long as I receive services from the Department. If I now get child or spousal support payments through a clerk of court or other forwarding agent, I will ask that all payments be sent to the Department (payable to Treasurer, State of Maine) instead of to me. The Department will send all payments owed to me as soon as reasonable after normal processing.
4. After current support is paid, the Department will apply payments it gets to past support. Past support owed to me will be paid first, unless payment is from a tax refund. Payments from tax refunds will be applied first to any debt owed to the Department. Other than payments from tax refunds, past support owed to the Department will be paid second.
5. I know and understand the Department has limited resources. I know the Department may not be able to act right away on my case. I know the Department does not guarantee results. I know if the law does not require an action, the Department will decide whether or not to take the action.
6. I agree to tell the Department in writing if I want the Department to stop providing services.
7. I have read the reverse side of this Contract. I understand the statements on the reverse side are part of this Contract.

- ☐ Yes If I am overpaid support, the state can withhold a portion of my child support, at a reasonable rate, from future child support payments.
- ☐ No

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child support enforcement services include:**

- Establishing paternity for children born out of wedlock and establishing child support orders for current and past support.
- Establishing child support orders, including medical support and child care obligations.
- Locating non-custodial parents.
- Enforcing child support, spousal support, medical support, and child care obligations.
- Recording and distributing child support payments.
- Reviewing and taking necessary steps to modify child support orders when circumstances change.

**Child support enforcement services do not include:**

- Giving legal advice;
- Getting divorce judgments or spousal support orders;
- Enforcing visitation rights;
- Getting involved in custody matters; or
- Enforcing property settlements.

**Distribution of child support collections in non-TANF cases:**

- Non-TANF collections normally are processed within two days of when payment is received by DHHS.
- If the other parent is ordered to pay support for more than one family, collections are divided among the families.
- If you are owed past support, you will be paid first, unless there is a debt owed DHHS and the money is from a federal income tax refund intercept.
- Collections from federal income tax refunds are not distributed for 6 months in the case of joint returns. A portion of the refund may belong to the unobligated spouse.
- To find out how much child support is collected from week-to-week, call 1-800-371-7179.

**If you do not agree with the amount of child support you have received:**

Write to: Case Review Unit, Department of Health and Human Services, 11 State House Station, 268 Whitten Rd., Augusta, ME 04333-0011. Please include your name, case ID number, phone number and your reason for writing. Your claim will be reviewed and answered in writing. You can also contact Case Review through the web: <http://www.maine.gov/dhhs/OIAS/dser/> or by e-mail at [Case.Review@maine.gov](mailto:Case.Review@maine.gov).

**When services end:**

The Department will stop providing services for you if you make the request in writing. If the Department wants to end services, we will tell you in writing and explain why. We will give you a chance to respond before ending services.

## Contract for Non-Welfare Support Enforcement Services

Your Full Name (*Print*): \_\_\_\_\_ SSN: \_\_\_\_\_

Other Parent's Full Name (*Print*): \_\_\_\_\_

The Department of Health and Human Services (DHHS) will provide child support enforcement services for any child, as required by law. If you want services, fill in the Application form, sign 2 copies of this Contract, and give the completed forms to DHHS.

Right now, there is no cost to you for the Department's services. If this changes, you will be told in writing ahead of time. At that time, you can decide if you still want the Department's services.

This Contract is part of the Application. Read the Application and Contract with care. If you sign the Contract, it means you agree with all its terms.

### Contract

1. The Department may act for me as needed to provide the services covered by this Contract. The Department can endorse all drafts, checks or money orders for support it receives from the other parent.
2. I understand this Contract does not create an attorney-client relationship between the Department and myself.
3. I agree all support payments will be paid through the Department so a record is kept. If I get support payments from the other parent, I will send them to the Department. I will do this as long as I receive services from the Department. If I now get child or spousal support payments through a clerk of court or other forwarding agent, I will ask that all payments be sent to the Department (payable to Treasurer, State of Maine) instead of to me. The Department will send all payments owed to me as soon as reasonable after normal processing.
4. After current support is paid, the Department will apply payments it gets to past support. Past support owed to me will be paid first, unless payment is from a tax refund. Payments from tax refunds will be applied first to any debt owed to the Department. Other than payments from tax refunds, past support owed to the Department will be paid second.
5. I know and understand the Department has limited resources. I know the Department may not be able to act right away on my case. I know the Department does not guarantee results. I know if the law does not require an action, the Department will decide whether or not to take the action.
6. I agree to tell the Department in writing if I want the Department to stop providing services.
7. I have read the reverse side of this Contract. I understand the statements on the reverse side are part of this Contract.

- ☐ Yes If I am overpaid support, the state can withhold a portion of my child support, at a reasonable rate, from future child support payments.
- ☐ No

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child support enforcement services include:**

- Establishing paternity for children born out of wedlock and establishing child support orders for current and past support.
- Establishing child support orders, including medical support and child care obligations.
- Locating non-custodial parents.
- Enforcing child support, spousal support, medical support, and child care obligations.
- Recording and distributing child support payments.
- Reviewing and taking necessary steps to modify child support orders when circumstances change.

**Child support enforcement services do not include:**

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- Getting involved in custody matters; or
- Enforcing property settlements.

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- Collections from federal income tax refunds are not distributed for 6 months in the case of joint returns. A portion of the refund may belong to the un-obligated spouse.
- To find out how much child support is collected from week-to-week, call 1-800-371-7179.

**If you do not agree with the amount of child support you have received:**

Write to: Case Review Unit, Department of Health and Human Services, 11 State House Station, 268 Whitten Rd., Augusta, ME 04333-0011. Please include your name, case ID number, phone number and your reason for writing. Your claim will be reviewed and answered in writing. You can also contact Case Review through the web: <http://www.maine.gov/dhhs/OIAS/dser/> or by e-mail at [Case.Review@maine.gov](mailto:Case.Review@maine.gov).

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The Department will stop providing services for you if you make the request in writing. If the Department wants to end services, we will tell you in writing and explain why. We will give you a chance to respond before ending services.